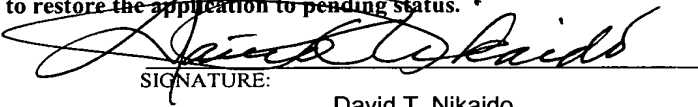


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| FORM PTO 1390<br>(REV 10-2003)  |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | ATTORNEY'S DOCKET NUMBER<br>AOK-0226   |
| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371  |  |   | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br>NEW APPLICATION 104501228 |
| INTERNATIONAL APPLICATION NO.<br>PCT/JP03/15354   | INTERNATIONAL FILING DATE<br>1 December 2003 | PRIORITY DATE CLAIMED<br>5 December 2002                |  |
| TITLE OF INVENTION<br>PROCESS FOR PRODUCING MODIFIED POLYMER  |  |   |  |
| APPLICANT(S) FOR DO/EO/US<br>Hidekazu Onoi et al.   |  |   |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:   |  |   |  |
| <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing 35 U.S.C. 371.</li> <li>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.</li> <li>4. <input checked="" type="checkbox"/> The US has been elected (Article 31).</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2)) <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)). <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)) <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input checked="" type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</li> <li>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).</li> <li>10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).</li> </ol> |  |   |  |
| Items 11 to 20 below concern document(s) or information included:   |  |   |  |
| <ol style="list-style-type: none"> <li>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li>12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>13. <input checked="" type="checkbox"/> A preliminary amendment.</li> <li>14. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</li> <li>15. <input type="checkbox"/> A substitute specification.</li> <li>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</li> <li>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</li> <li>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</li> <li>20. <input checked="" type="checkbox"/> Other items or information: Return Receipt Postcard; WO2004/050721 A1 (Abstract); PCT/IB/308; Int'l Appln Trans (JP)</li> </ol>   |  |   |  |

| U.S. APPLICATION NO. (if known, see 37 CFR 1.53)<br><b>10/501228</b><br>NEW APPLICATION  | INTERNATIONAL APPLICATION NO.<br>PCT/JP03/15354 | ATTORNEY'S DOCKET NUMBER<br>AOK-0226   |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
|--|---|--|--------------|--------------|------|--------------|---------|--|---|--------------------|-------|--|---|---|--|----------|--|--------------------------------------|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|-----------------------------|--|--|--|---|--|--|---|------------------------------|--|--|--|--|---------|--|---------|--|-----------|--|-------------|--|----|--|-------------|--|----|--|-------------|--|----------|--|-------------|--|--|--|--|--|
| 21. <input checked="" type="checkbox"/> The following fees are submitted:<br><b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) – (5)):</b><br><input type="checkbox"/> Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO ..... \$1080.00<br><input checked="" type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO ..... \$920.00<br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... \$770.00<br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... \$730.00<br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) ..... \$100.00<br><br><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b><br>Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).   |   | <b>CALCULATIONS PTO USE ONLY</b><br><br><br><br><br><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">\$ 920.00</td> <td style="width:50%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> | \$ 920.00    |              | \$   |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| \$ 920.00  |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| \$   |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">CLAIMS</th> <th style="width:25%;">NUMBER FILED</th> <th style="width:25%;">NUMBER EXTRA</th> <th style="width:25%;">RATE</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>10-20 =</td> <td></td> <td>x</td> </tr> <tr> <td>Independent claims</td> <td>1-3 =</td> <td></td> <td>x</td> </tr> <tr> <td colspan="2">MULTIPLE DEPENDENT CLAIM(s) (if applicable)</td> <td>+ 290.00</td> <td></td> </tr> <tr> <td colspan="3"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td></td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.         </td> <td></td> </tr> <tr> <td colspan="3"><b>SUBTOTAL =</b></td> <td></td> </tr> <tr> <td colspan="3">Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).</td> <td></td> </tr> <tr> <td colspan="3"><b>TOTAL NATIONAL FEE =</b></td> <td></td> </tr> <tr> <td colspan="3">Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property</td> <td>+</td> </tr> <tr> <td colspan="3"><b>TOTAL FEES ENCLOSED =</b></td> <td></td> </tr> </tbody> </table> |   | CLAIMS   | NUMBER FILED | NUMBER EXTRA | RATE | Total claims | 10-20 = |  | x | Independent claims | 1-3 = |  | x | MULTIPLE DEPENDENT CLAIM(s) (if applicable) |  | + 290.00 |  | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. |  |  |  | <b>SUBTOTAL =</b> |  |  |  | Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). |  |  |  | <b>TOTAL NATIONAL FEE =</b> |  |  |  | Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property |  |  | + | <b>TOTAL FEES ENCLOSED =</b> |  |  |  | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">\$ 0.00</td> <td style="width:50%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ 0.00</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ 290.00</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ 1,210.00</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ 1,210.00</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ 1,210.00</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ 40.00</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ 1,250.00</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> | \$ 0.00 |  | \$ 0.00 |  | \$ 290.00 |  | \$ 1,210.00 |  | \$ |  | \$ 1,210.00 |  | \$ |  | \$ 1,210.00 |  | \$ 40.00 |  | \$ 1,250.00 |  |  |  |  |  |
| CLAIMS   | NUMBER FILED                                    | NUMBER EXTRA   | RATE         |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| Total claims   | 10-20 =   |  | x            |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| Independent claims   | 1-3 =   |  | x            |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable)  |   | + 290.00   |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.   |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| <b>SUBTOTAL =</b>  |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
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| <b>TOTAL NATIONAL FEE =</b>  |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property  |   |  | +            |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| <b>TOTAL FEES ENCLOSED =</b>   |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| \$ 0.00  |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| \$ 0.00  |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| \$ 290.00  |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| \$ 1,210.00  |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| \$   |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| \$ 1,210.00  |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| \$   |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| \$ 1,210.00  |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| \$ 40.00   |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| \$ 1,250.00  |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
|  |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
|  |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.<br>b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>18-0013</u> in the amount of \$ <u>1,250.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.<br>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>18-0013</u> . A duplicate copy of this sheet is enclosed.<br>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.  |   | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;"></td> <td style="width:50%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
|  |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
|  |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| <b>NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</b><br><br>SEND ALL CORRESPONDENCE TO:<br>David T. Nikaido<br>RADER, FISHMAN & GRAUER PLLC<br>1233 20th Street, N.W., Suite 501<br>Washington, DC 20036<br>(202) 955-3750<br>Date: July 12, 2004<br>CUSTOMER NUMBER: 23353  |   |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |
| SIGNATURE: <br>NAME: <u>David T. Nikaido</u>   |   | REGISTRATION NUMBER: <u>22,663</u>   |              |              |      |              |         |  |   |                    |       |  |   |   |  |          |  |                                      |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                             |  |  |  |   |  |  |   |                              |  |  |  |  |         |  |         |  |           |  |             |  |    |  |             |  |    |  |             |  |          |  |             |  |  |  |  |  |